PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
second to a collection of information unless it displays a valid OMB control number.

	Application Number	09/653,055		
REVOCATION OF POWER OF	Filing Date	September 1, 2000		
ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	First Named Inventor	Timothy Van Hook		
	Art Unit			
	Examiner Name	na		
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	00100.00.0122		
CHANGE OF CONNECTION ADDRESS	Attorney Docket Number	00100.00.0122		

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR  I hereby appoint the practitioners associated with the Customer Number					ert:	29153			
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  29153									
OR Firm or	-					_			
☐ Individ	ual Name								
Address									
City				State			Zip		
Country									
Telephone					Email				
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.									
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	-//A	$\infty o$							
Name	Kevin	n A. O'Nei							
Date	Oa	27,2008			elephone		82-7		
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
✓ *Total	of 1	forms are submitted.							

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USP1O to process) an application. Confidentiality is governed by 39 US C12 and 37 CFR 1.13 and 1.14. This collection is estimated to take 3 minutes to complete including gathering, propering, and utwinsing the completed application for not he USP1O. The way way depending upon the including calculation on the amount of time you required to complete this form and/or suggestions for noticing this burden, should be sent to the Chief Information Citizen. Way comments on the amount of time you required to complete this form and/or suggestions for noticing this burden, should be sent to the Chief Information Citizen. Way comments and the complete that the complete the complet ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.